### 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### **DOCUMENT # M0000000134**

1. Entity Name

HI LINE ENGINEERING, LLC



Principal Place of Business

Mailing Address

1850 PARKWAY PLACE

#800

MARIETTA, GA 30067

1850 PARKWAY PLACE #800 MARIETTA, GA 30067

# FILED Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90029 037 \*\*\*150.00

**24040414** 



03232004 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FEI Number 58-2511318 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

- 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

### DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GROSS, ROBERT
STREET ADDRESS	1850 PARKWAY PLACE #800
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	MGR
NAME	DANIEL, STEPHEN
STREET ADDRESS	1850 PARKWAY PLACE #800
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	MGR
NAME	SOLOMON, J. BERTRAM
STREET ADDRESS	1850 PARKWAY PLACE #800
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	MGR
NAME	MCGAUGHY, JAMES P
STREET ADDRESS	1850 PARKWAY PLACE #800
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	MGR
NAME	MILLER, WAYNE
STREET ADDRESS	1850 PARKWAY PLACE #800
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	MGR
NAME	SHURBETT, STEVEN
STREET ADDRESS	1850 PARKWAY PLACE #800
CITY-ST-ZIP	MARIETTA, GA 30067
11. I hereby o	certify that the information supplied with this filing does not qualify for the exer

### DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE